Periscope

NOUVELLE INCONGRAPHIE DE LA SALPETRIERE

(No. 6, Nov.-Dec., 1904.)

1. Disturbances of Reading, Writing and of Speech in Dementia Paralytica. Joffroy.
2. A Case of Acute Anterior Poliomyelitis of an Adult, with Medullary Lesions Focally Distributed. Leri. S. A. K. Wilson.
3. Myotonia with Muscular Atrophy. Lannois.
4. Vasomotor Symptoms in Hysteria. Genevrier.
5. Trophic Ulcerations in Two Cases of Catatonic Dementia. Trepsat.
6. Physical, Physiological and Psychical Stigmata of Degeneration in Animals, Particularly in the Horse; A Clinical Study. Rudler Chomel.
7. The Dentist Picture of Andrea Cefaly. Bianchini.
8. The Miracle of the Blind Cured; After a Dutch Tapestry of the Sixteenth Century. A. Marie.
9. Dropsy in Art. Meige.

1. *Reading, Writing, in Dementia Paralytica.*—The author, who has devoted a great deal of time to this subject, divides the symptoms which have to do with written words into two divisions, that of caligraphic and that of psychographic. The former refers more to the external formation of the letters, and the latter to the psychical side. Speech is likewise divided into these two classes of disturbances, those having to do with the mechanical side and those which are concerned with the degree of intelligence displayed in the speech. To the former the name arthrolalia and to the latter psycholalia is given. Examples are given of these disturbances, with copies of the handwriting in the case of the disturbances in writing.

2. *Anterior Poliomyelitis.*—The existence of an acute anterior poliomyelitis in the adult, with the localization of the process similar to that of the infant, has been the subject of much discussion. Dejerine and Thomas remark that, although the disease must be admitted as a possibility, yet no autopsy has as yet been made which determined the existence of the condition. This paper describes a case of a man 28 years old, who presented all the symptoms of the disease as it is met with in the adult, and in the cord there were found foci located in the lumbar and the cervical enlargements in which the same appearances exactly as met with in the infant were found. There were areas of degeneration of an infectious origin. There was a double process in the cord which destroyed the anterior horns in the lumbar and in the cervical enlargements. In both regions the left side was more affected than the right. This corresponded to the clinical appearance.

3. *Myotonia and Muscular Atrophy.*—The author of this paper gives the title myopathy with hypertonia, or Thomsen's disease with muscular atrophy, as describing the condition which he presents. The case is a rare one, and serves the purpose of bringing into relation the primary myopathies, and Thomsen's disease, and serves also as an argument for the myopathic nature of the latter. The patient, a man aged 37 years, is the subject of the following symptoms: Muscular atrophy, segmental in distribution, occupying the lower arms and legs. Commenced at four years with pain and paresis. Loss of knee-jerk. Myotonia in the form as in Thomsen's disease. The reports of such cases are of interest, because they serve to clear up the confusion which various conditions of these mus-

cular diseases have produced. There is evidently a close connection between myotonia and myopathy. This case seems to suggest that Thomsen's disease is myopathic in nature.

4. *Vasomotor Disturbances in Hysteria.*—A case of hysteria which presented various symptoms due to peripheral disturbances of the circulation, such as edema, cyanosis and syncope of the extremities, localized sweating, etc. The trophic disturbances in hysteria have given rise to much discussion, but it seems pretty well agreed at present that they are due to vascular spasm.

5. *Trophisms in Catatonia.*—Two cases of catatonia which show lesions due to trophic disturbances. Case 1. Dementia præcox with catatonia. Stupor, negativismus, paradoxical attitudes. Pseudo-edema, and generalized pemphigus. Case 2. Dementia præcox, absolute stupor, with violent impulsive acts. Suggestibility. Pseudo-edema with scarring.

(No. 1, Jan.-Feb., 1905.)

1. Friedreich's Disease and Hereditary Cerebellar Aatxia. F. RAYMOND.
2. Medullary Sclerosis. L. REVILLIOD.
3. Early Multiple Sclerosis, or the Cerebellar Syndrome of Babinski. G. SCHERB.
4. Amnesic Aphasia. A. HALIPRE.
5. The Rôle of the Spinal Muscles in the Normal Gait of Man. H. LAMY.
6. Senile Deformities of the Skeleton Simulating Paget's Disease. P. MOCQUOT and F. MOUTIER.
7. Dementia; Senile Puerilism. E. DUPRÉ.
8. Ambroise Paré. DEBOVE.
9. Two Saints Cured of Madness. MEIGE and RUDLER.
10. Expansion of the Toe in Art. LAIGNEL-LAVASTINE.

1. *Freidreich's Ataxia.*—This is apparently a clinical introduction to a further study of this disease to be presented at another time by the author. He calls attention to his former paper on this subject, as well as to the pathology of two cases studied from his clinic by Philippe and Oberthur. Further, an effort is made to unite under one group all these cases in which the group of symptoms is present. This will be done by the same sort of careful analysis that a zoologist or botanist makes use of in the determination of the various groups in his classification. A case is presented in which the symptoms of the disease are well shown. The author closes his clinical lecture by recalling the fact that the work of the past in this disease from the point of view of pathology, is not reliable, on account of the use of methods that were not sufficiently delicate, and he calls attention also to the fact that the way is open for further investigation into the field.

2. *Medullary Sclerosis.*—The case here described is complicated. There was the following sequence of symptoms: Fracture of the right foot, four months later left hemiparaplegia, hemianesthesia and sensory disturbances of the lower right extremity, crossed thermoanesthesia, the right to cold, the left to heat. Six months after, hematorrhachis, and finally cure. According to the symptoms the three systems involved were: 1. The motor tract of the left lower extremity, pyramidal tract. 2. The grey substance about the central canal. 3. The sensory tract of the right and the thermic tract for heat of the same side. Two sorts of diagnosis were advanced, one anatomical in nature and one pathogenic. The first was a transverse myelitis, the other metatraumatic segmentary myelitis. The author is inclined to think that this forms a special variety of disease which has not been noticed before by neurologists. The great interest in the case lies in the fact that the patient made a good recovery following therapeutic procedures, among which hydrotherapy played the most important part.

3. *Multiple Sclerosis and Babinski Syndrome.*—This paper contains the photograph of a patient whom the author has studied for five years, with the idea that the diagnosis of multiple sclerosis might sometime be made. The case then presented the following: scanning speech, spasmodic ataxic gait; but there was no intention tremor present, no increase in reflexes and no nystagmus. Under the term cerebellar syndrome Babinski has grouped all the symptoms which may be considered as defects of cerebellar function. This is the asynergia of the cerebellum. These include the asynergia, asthenia, atonia. A case which shows all of these features is described, and the fact that the symptoms have remained stationary for five years is characteristic of the condition. The photographs add much to the understanding of the case.

4. *Amnesic Aphasia.*—Pitres has given the most precise definition of the term "amnesic aphasia": Any patient who comprehends that which one says, who can read out loud, who pronounces and writes easily the words which he remembers and is not prevented from pronouncing or writing the others the memory of which he is not able to recall at the opportune moment, such a patient has pure amnesic aphasia. Case: Woman aged 67 years, attacked with a right-sided hemiplegia. Amnesic aphasia, paraphemia, verbal blindness, incomplete blindness for written words. Paragraphia for spontaneous writing and diction. Autopsy: Softening on the external face of the left hemisphere, starting from left occipital lobe, extending to the superior part of the second parietal fissure, to the first parieto-temporal fissure, to the posterior part of the lobule of the second parietal. Destruction of the subjacent white fibers of the first and second temporal, the cuneus, lingual and the fusiform lobe and the optic radiations of Gratiolet. There is a small focus, very limited in the left paracentral lobule corresponding to the foot of the third right frontal. Pitres notes that the lesion which produces amnesic aphasia does not in every case affect the same location. It may be situated in the left cortex at the level of the parietal or temporal region, in the area or upon the immediate confines of the visual centers or that of the hearing for words. Most often it is located upon the inferior parietal lobule. It does not seem probable that this lobule should be considered as the exclusive center of the function of the memory of words, since it is not always altered when this function is affected.

5. *Spinal Muscles in Gait.*—A careful study of the mechanics of walking, in which the study is confined to the rôle which the spinal muscles play. It is a continuation of the work of Richer along the same lines. These are some of the conclusions noted: 1: The spinal muscles (sacrolumbar and long dorsal) contract energetically at each step in the normal gait upon a horizontal surface. 2. This contraction is unilateral, and is produced upon the side of the inferior oscillating member. It passes from one side to the other in the same way as the oscillations. 3. It begins at the moment when the toe of the member touches the ground. It is a sudden, quick contraction, produced in the manner of a reflex, which might take place when the foot comes in contact with the ground. It lasts as long as the oscillation of the leg. 4. This contraction has to do with the transference of weight from one leg to the other, and has nothing to do with progression. 5. Its rôle in walking is to assure lateral equilibrium of the trunk.

6. *Senile Deformities.*—A discussion of Paget's disease and the question of the distinction of the senile changes in the skeleton which may simulate the condition. In Paget's disease, in addition to the well-known group of symptoms there is found after death a thickening of the bones of the skeleton. Marie observed that in a certain number of cases in which the symptoms appeared to be similar to those of Paget's disease the bones showed no such alteration; in fact, showed a notable fragility. To this

condition he gave the name of pseudo-Paget. The authors conclude that there are certain deformities of the skeleton depending only upon senile changes, one of the results being an attitude which recalls Paget's disease.

7. *Puerilism.*—Dupré has called attention to a curious condition which he has called puerilism. It is a kind of regression of mentality to that of infancy. It is characterized by a singular modification of thoughts, tastes, tendencies, appetites, language and expression, such a modification as would seem to change the individual to a little infant. This alteration of personality, the pathogenic substratum of which we are in complete ignorance, can be observed in many different pathological states, organic affcions of the brain intoxication and hysteria. The state of puerilism seems to be the clinical expression of the primitive beginnings of personality placed in evidence by the destruction or overturning of the superior planes of our psychical strata. SCHWAB (St. Louis).

REVUE DE PSYCHIATRIE ET DE PSYCHOLOGIE EXPERIMENTALE

(April, 1905.)

1. Insanity in Prisons.—PACTET.
2. Breaking Off of the Superior Alveolar Arch of a Paretic in an Effort at Mastication. HENRI DAMAYE.

1. *Insanity in Prisons.*—The article is a plea for the establishment of a psychiatric service in connection with the prison, based upon a showing that from 5 to 6 per cent. of prisoners have some form of insanity unrecognized, and that about 15 per cent attract attention sufficiently by strange acts to warrant examination.

2. *Fracture of Alveolar Arch.*—An account of a paretic who first tore out the upper incisors and canines by biting his bedding, and finally broke off the portion of the superior alveolar arch corresponding to the insertion of the incisors while masticating his food. WHITE.

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1. The Relations which Exist Between the Topography of Paralyses and the Alterations of the Motor Centers in Acute Poliomyelitis Anterior. PARHON and J. PAPINIAN.

The authors report the results of microscopical examination of the nervous system in the case of a woman, dead at the age of 82 years, who had had poliomyelitis in early childhood, and discuss the bearing of their findings upon the localization of the muscles of the lower extremity in the cell groups of the anterior horn of the cord. They found extremely atrophied all the muscles of the left leg and foot, also the quadriceps, the adductor magnus and the biceps cruris. The other muscles were normal. In the lumbo-sacral cord the left anterior horn was altogether smaller than the right, and showed a lessened number of cells, distributed as follows: In the first and second lumbar segment the antero-internal and antero-external cell groups were present, but contained considerably fewer cells on the left than on the right. In the third lumbar segment the central and posterior groups were visible, all four groups on the left showing a diminished number of cells. In the lower part of this segment only the antero-external group was well represented, and a similar arrangement was observed in the upper part of the fourth lumbar segment. In the lower part of this segment all the groups were well represented on the right. On the left the antero-internal group alone was present. In the fifth lumbar segment the antero-external, central and postero-external, with a small antero-internal group, were well shown